270/271 Health Care Eligibility Benefit Inquiry and Response

Companion Transaction Specifications

Version 1.0

Disclaimer

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270 Inquiry

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
N/A	ST	ST01	Transaction Set Identifier Code	270	Eligibility, Coverage or Benefit Inquiry
N/A	ST	ST02	Transaction Set Control Number		An identification number for the 270 transaction that is unique within the transaction's functional group. The value in ST02 must be repeated in the SE02 Element at the end of the transaction.
N/A	BHT	BHT01	Hierarchical Structure Code	0022	Information Source, Information Receiver, Subscriber, Dependent The "0022" values is required in the 270/271 Implementation Guide even when Dependent Segments are not present.
N/A	BHT	BHT02	Transaction Set Purpose Code	13	Request
N/A	BHT	BHT03	Submitter Transaction Identifier		A Transaction Identification Number assigned by the 270 requester.
N/A	BHT	BHT04	Transaction Set Creation Date		The date on which the 270 Transaction is created in CCYYMMDD format.
N/A	BHT	BHT05	Transaction Set Creation Time		The time at which the transaction is created in HHMMSS format
2000A	HL	HL01	Hierarchical ID Number	1	The HL segment in Loop 2000A is the first HL segment in this transaction
2000A	HL	HL03	Hierarchical Level Code	20	Information Source
2000A	HL	HL04	Hierarchical Child Code	1	Additional subordinate HL Data Segment in this hierarchical structure
2100A	NM1	NM101	Entity Identifier Code	PR	Payer
2100A	NM1	NM102	Entity Type Qualifier	2	Non-Person Entity
2100A	NM1	NM103	Information Source Last or Organization Name		DDD

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
2100A	NM1	NM108	Identification Code Qualifier	PI	Payer Identification
2100A	NM1	NM109	Information Source Primary Identifier		DDD's Carrier Plan ID for DDD. The specific value of this field will be indicated in a later version.
2000B	HL	HL01	Hierarchical ID Number	2	The HL Segment within the 2000B Information Receiver Level Loop is always the second HL Segment in the transaction.
2000B	HL	HL02	Hierarchical Parent ID Number	1	The level of the HL Segment to which this HL Segment is subordinate.
2000B	HL	HL03	Hierarchical Level Code	21	Information Receiver
2000B	HL	HL04	Hierarchical Child Code	1	Additional subordinate HL Data Segment in this hierarchical structure
2100B	NM1	NM101	Entity Identifier Code	1P	Provider
2100B	NM1	NM102	Entity Type Qualifier	2	Non-Person Entity
2100B	NM1	NM103	Information Receiver Last or Organization Name		Provider Last Name or Organization Name
2100B	NM1	NM108	Identification Code Qualifier	FI	Federal Taxpayer Identification Number
2100B	NM1	NM109	Information Receiver Identification Number		Federal Taxpayer Identification Number
2100B	REF	REF01	Reference Identification Qualifier	N5	Provider Plan Network Identification Number
2100B	REF	REF02	Information Receiver Additional Identifier		Provider's AHCCCS ID
2000C	HL	HL01	Hierarchical ID Number	3	This is the third HL Level within the 270 Transaction.
2000C	HL	HL02	Hierarchical Parent ID Number	2	The level of the HL Segment to which this HL Segment is subordinate.
2000C	HL	HL03	Hierarchical Level Code	22	Subscriber

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
2000C	HL	HL04	Hierarchical Child Code	0	Additional subordinate HL Data Segment in this hierarchical structure
2000C	TRN	TRN01	Trace Type Code	1	Current Transaction Trace Numbers
2000C	TRN	TRN02	Trace Number		A number assigned by the request submitter that is unique within the transaction. This number is returned on the 271 Response Transaction.
2000C	TRN	TRN03	Trace Assigning Entity Identifier		Unique identifier for your entity, which will be returned in the 278 response
2100C	NM1	NM101	Entity Identifier Code	IL	Insured or Subscriber
2100C	NM1	NM102	Entity Type Qualifier	1	Person
2100C	NM1	NM103	Subscriber Last Name		The patient's Last Name
2100C	NM1	NM104	Subscriber First Name		The patient's First Name
2100C	NM1	NM108	Identification Code Qualifier	MI	Member Identification Number
2100C	NM1	NM109	Subscriber Primary Identifier		Member's AHCCCS ID Number (Appears on DDD ID Card)
2100C	DMG	DMG01	Date Time Period Format Qualifier	D8	Date expressed in format CCYYMMDD
2100C	DMG	DMG02	Subscriber Birth Date		The patient's Date of Birth. Please note that when multiple records are returned based on the MI search, Name and DOB will be used as a tiebreaker to identify the member
2100C	DMG	DMG03	Subscriber Gender Code	M F	Male Female
2100C	DTP	DTP01	Date Time Qualifier	472	Service Date or Date Range
2100C	DTP	DTP02	Date Time Period Format Qualifier	D8 RD8	Date expressed in format CCYYMMDD Range of dates expressed in format CCYYMMDDCCYYMMDD

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
2100C	DTP	DTP03	Date Time Period		The date or date range for which data is requested.
N/A	SE	SE01	Transaction Segment Count		The number of segments in the 270 Transaction, including ST and SE Segments
N/A	SE	SE02	Transaction Set Control Number		The same control number that appears in Element ST02 at the beginning of the transaction

271 Response

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
N/A	ST	ST01	Transaction Set Identifier Code	271	Eligibility, Coverage or Benefit Information
N/A	ST	ST02	Transaction Set Control Number		The Transaction Set Control Number used in the ST02 Element of the 270 Request Transaction to which this 271 Transaction is sent in response.
N/A	BHT	BHT01	Hierarchical Structure Code	0022	Information Source, Information Receiver, Subscriber, Dependent The "0022" value is required in the 270/271 Implementation Guide even when Dependent Segments are not present.
N/A	BHT	BHT02	Transaction Set Purpose Code	11	Response
N/A	BHT	BHT03	Submitter Transaction Identifier		The Transaction Identification Number submitted on the 270 Transaction.
N/A	BHT	BHT04	Transaction Set Creation Date		The date on which the 271 Transaction is created in CCYYMMDD format.
N/A	BHT	BHT05	Transaction Set Creation Time		The time at which the transaction is created in HHMMSSDD format
2000A	HL	HL01	Hierarchical ID Number	1	The HL segment in Loop 200A is the first hierarchical segment in this transaction
2000A	HL	HL03	Hierarchical Level Code	20	Information Source
2000A	HL	HL04	Hierarchical Child Code	1	Additional subordinate HL Data Segment in this hierarchical structure
2000A	AAA	AAA01	Valid Request Indicator	N/A	Please note that DDD will not supply an AAA segment for the 2000A Loop
2100A	NM1	NM101	Entity Identifier Code	PR	Payer
2100A	NM1	NM102	Entity Type Qualifier	2	Non-Person Entity

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
2100A	NM1	NM103	Information Source Last or Organization Name		DDD
2100A	NM1	NM108	Identification Code Qualifier	PI	Payer Identification
2100A	NM1	NM109	Information Source Primary Identifier		DDD's Carrier Plan ID The specific value to be provided will be indicated in a later version of this document.
2100A	AAA	AAA01	Valid Request Indicator	N	The AAA Request Validation Segment in Loop 2100A will be used under the following circumstances: When Payer Name is not sent and DDD finds multiple matches by ID When DDD cannot find the information source (Payer Name or Identifier was missing)
2100A	AAA	AAA03	Reject Reason Code	T4 79	Payer Name or Identifier Missing Invalid Participant Identification Reject reason code T4 is returned when payer name is not sent and CMDP finds multiples by ID. Reject reason code 79 is returned when CMDP cannot find the source and T4 is not returned
2100A	AAA	AAA04	Follow-up Action Code	C	Please Correct and Resubmit
2000B	HL	HL01	Hierarchical ID Number	2	The HL Segment within the 2000B Information Receiver Level Loop is the second HL Segment in the transaction.
2000B	HL	HL02	Hierarchical Parent ID Number	1	The level of the HL Segment to which this HL Segment is subordinate.
2000B	HL	HL03	Hierarchical Level Code	21	Information Receiver
2000B	HL	HL04	Hierarchical Child Code	1	Additional subordinate HL Data Segment in this hierarchical structure
2100B	NM1	NM101	Entity Identifier Code	1P	Provider

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
2100B	NM1	NM102	Entity Type Qualifier	1 or 2	Person or Non-Person Entity
2100B	NM1	NM103	Information Receiver Last or Organization Name		The "Organization Name" or Last Name of the requester from the 270 Request.
2100B	NM1	NM108	Identification Code Qualifier	FI	Federal Taxpayer Identification Number
2100B	NM1	NM109	Information Receiver Identification Number		Provider's Federal Tax Payer Identification Number
2100B	REF	REF01	Reference Identification Qualifier	N5	Provider Plan Network Identification Number
2100B	REF	REF02	Information Receiver Additional Identifier		Provider's AHCCCS ID
2100B	AAA	AAA01	Valid Request Indicator	N	If the transaction is rejected due to a data error within the 2100B Loop, AAA01 has a value of "N".
2100B	AAA	AAA03	Reject Reason Code	43 44 51	Invalid/Missing Provider Identification Invalid/Missing Provider Name Provider not on file
2100B	AAA	AAA04	Follow-up Action Code	C	Please Correct and Resubmit
2000C	HL	HL01	Hierarchical ID Number	3	The HL segment in Loop 2000C is the third hierarchical level in this transaction
2000C	HL	HL02	Hierarchical Parent ID Number	2	The 2000C Subscriber Loop is subordinate to the 2000B Information Receiver Loop.
2000C	HL	HL03	Hierarchical Level Code	22	Subscriber
2000C	HL	HL04	Hierarchical Child Code	0	Additional subordinate HL Segment in this hierarchical structure
2000C	TRN	TRN02	Trace Number		A number assigned by the request submitter that is unique within the 270 Transaction. This number is returned on the 271 Response Transaction and can be used to link patient level requests and responses.

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
2000C	TRN	TRN03	Trace Assigning Entity Identifier		Unique identifier for your entity, which is returned in the 271 response
2100C	NM1	NM101	Entity Identifier Code	IL	Insured or Subscriber
2100C	NM1	NM102	Entity Type Qualifier	1	Person
2100C	NM1	NM103	Subscriber Last Name		Member Last Name
2100C	NM1	NM104	Subscriber First Name		Member First Name
2100C	NM1	NM105	Subscriber Middle Name		The recipients Middle Initial if it appears on the DES Database.
2100C	NM1	NM108	Identification Code Qualifier	MI	Member Identification Number
2100C	NM1	NM109	Subscriber Primary Identifier		AHCCCS ID (appears on DDD ID Card)
2100C	N3	N301	Subscriber Address Line		Address Line 1
2100C	N3	N302	Subscriber Address Line		Address Line 2
2100C	N4	N401	Subscriber City Name		City
2100C	N4	N402	Subscriber State Code		State
2100C	N4	N403	Subscriber Postal Zone or ZIP Code		ZIP
2100C	AAA	AAA01	Valid Request Indicator	N	If the transaction is rejected due to a data error within the 2100C Loop, AAA01 has a value of "N".
2100C	AAA	AAA03	Reject Reason Code	73 58 76 71 75	Reject Reason Codes are included as follows: If either first name or last name is not sent, reject reason code 73 (Invalid/Missing Subscriber/Insured Name) is returned.

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
				57 60 15	If DOB is not sent, reject reason code 58 (Invalid/Missing Date-of-Birth) is returned. Also, reject reason code 76 (Duplicate Subscriber/Insured Id Number) is returned. Note: All of above may be sent If multiples are found and DOB was sent and after filtering by DOB, none is found. Reject reason code 71(Patient Birth Date does not match that for the Patient on the Database) is returned. Also, reject reason code 75 (Subscriber/Insured Not Found) is returned. If an invalid date is sent in Subscriber Date segment, then reject reason code 57 (Invalid/Missing Date(s) of Service) is returned. Otherwise, if inquiry date is less than DOB, reject reason code 60 (Date of Birth Follows Date(s) of Service) is returned. If 270 does not send any EQ segment, then reject reason code 15 (Required application data missing) is returned.
2100C	AAA	AAA04	Follow-up Action Code	C	Please correct and resubmit
2100C	DMG	DMG01	Date Time Period Format Qualifier	D8	D8
2100C	DMG	DMG02	Subscriber Birth Date		Member Date of Birth
2100C	DMG	DMG03	Subscriber Gender Code	M F	Male Female Gender
2100C	DTP	DTP01	Date Time Qualifier	472	472
2100C	DTP	DTP02	Date Time Period Format Qualifier	D8 RD8	D8 RD8

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
2100C	DTP	DTP03	Date Time Period		
2110C	EB	EB01	Eligibility or Benefit Information	1 6	Active Inactive 1 indicates member is active on requested date(s) 6 indicates member is inactive on requested date(s)
2110C	EB	EB03	Service Type Code	30	Health Benefit Plan Coverage
2110C	DTP	DTP01	Date Time Qualifier	356 357 472	Eligibility Begin Eligibility End Date of Service
2110C	DTP	DTP02	Date Time Period Format Qualifier	D8 RD8	Date expressed in format CCYYMMDD Range of dates expressed in format CCYYMMDDCCYYMMD
2110C	DTP	DTP03	Eligibility or Benefit Date Time Period		
2110C	AAA	AAA01	Valid Request Indicator	N	If the transaction is rejected due to a data error within the 2110C Loop, AAA01 has a value of "N".
2110C	AAA	AAA03	Reject Reason Code	57 60	Invalid/Missing Date(s) of Service Date of Birth Follows Date(s) of Service If an invalid date is sent in Subscriber EB Date segment, then reject reason code 57 is returned. Otherwise, if inquiry date is less than DOB, reject reason code 60 is returned.
2110C	AAA	AAA04	Follow-up Action Code	C	C
N/A	SE	SE01	Transaction Segment Count		The number of segments in the 271 Transaction
N/A	SE	SE02	Transaction Set Control Number		The Control Number must match the value in ST02 at the beginning of the transaction